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ABSTRACT

Although much investigation of adult social support networks has been done, little attention has been paid to children's social support networks. Childhood patterns of social support probably influence adult patterns. A study was conducted to describe the social networks of third through sixth grade children. It also tests the validity of a new instrument, the Children's Social Support Questionnaire, to measure quantitative and qualitative dimensions of children's social support networks. Participants (N=169) were third through sixth graders who obtained parental permission. All were of lower socioeconomic status. The Children's Social Support Questionnaire, consisting of questions measuring socialization, advice and information, physical assistance, and emotional support, was administered. The Perceived Competence Scale for Children, a self-reporting measure of children's perception of confidence, was also administered. The face validity results of the Children's Social Support Questionnaire were encouraging. The results showed that family members provided children with the greatest percentage of support, followed by friends. Professionals provided information and advice. Girls reported greater numbers of emotional supporters than boys. (ABL)

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A Developmental Analysis of
Children's Social Support Networks
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Abstract

Social support networks are important influences on both physical and emotional health. Unfortunately, investigators have usually failed to address the complex qualitative and developmental dimensions of support that may differentially influence these benefits. This investigation provides an in-depth examination of children's social networks. One hundred and sixty-nine elementary school children, ages eight through thirteen, of varying races participated in the study. Preliminary data on the Children's Social Support Questionnaire (CSSQ) demonstrate this new instrument's utility in assessing the qualitative aspects of social support. Major findings indicate that family members act as support generalists in children's networks, whereas peers and professionals provide more specialized forms of support. Furthermore, the structure and quality of children's networks differed as a function of both gender and age.

Introduction

In recent years, community psychologists interested in the interactions between individuals and their environments have turned their attention to the importance of social support networks. The resulting literature indicates that social support networks enhance both physical and mental health. These findings are encouraging because they indicate that natural social relations ultimately may be useful in the development of preventive programming. Unfortunately, these findings are also subject to a number of limitations, and thus significant gaps in our knowledge of social support still exist. In order for professionals to work effectively with social support networks, further studies are still necessary.

It is difficult to summarize the various studies of social support because they do not share a single, working definition. In fact, the definitions offered for this concept have been so diverse and idiosyncratic that some theorists have been prompted to liken an attempt at developing a taxonomy of social support to "disentangling a conceptual morass" (Shumaker & Brownwell, 1983). For example, one investigator defines social support as "a set of links from which dependable others gratify an individual's psychosocial needs" (Gallow, 1983), whereas another researcher has defined support as those persons who provide information about child care (Powell & Fisenstadt, 1983).

It has been suggested that a social support network provides cognitive guidance, social reinforcement, material aid, physical assistance, socializing experiences, and emotional support (Rogat, Caldwell, Rogosch, & Kriegler, 1985; Hirsch, 1981; Leavy, 1983; Nair & Jason, 1984). Unfortunately, there have been relatively few efforts

to empirically validate these conceptual distinctions. Many investigators have treated social support as a unidimensional construct synonymous with emotional support.

Whatever the definition of, and/or instrument used to assess an individual's network, the concept typically has been statistically analyzed in terms of dimensions such as the total number of supportive persons available to the individual or the number of contacts s/he has with these supporters. This emphasis on the quantitative nature of support has persisted despite the fact that past studies have suggested that the health enhancing aspects of social support may be a function of quality rather than just quantity (e.g., Poritt, 1979). We need to know more about how the source of support influences the benefits obtained from these networks and how the type and the source of support might interact (cf. Sandler, Wolchik, & Braver, 1984).

Examining the qualitative aspects of social support is particularly important if psychologists are to understand the role of social support across the lifespan. Cobb (1976) demonstrated increased weight gain in low birth weight infants and Blazer (1972) noted reduced mortality among the elderly; both ostensibly due to an increase in supportive relationships. The nature of the supportive relationships that benefit infants and elderly adults must necessarily be different, yet these differences can not be understood through quantitative analysis alone. Investigations of the developmental aspects of social support, beginning with an analysis of children's support networks are necessary. Such research must measure qualitative as well as quantitative dimensions of support in order to trace the integral changes occurring over the lifespan.

Although the importance of peer relationships in childhood has

been extensively documented (see Hartup, 1983 for a thorough review of this literature), relatively little research has been conducted on the nature of children's social support systems. This dearth of information stands in sharp contrast to the burgeoning literature on adult social support. Researchers can not assume that the structural properties of children's networks will necessarily parallel those of adults. In fact, research on social and cognitive development suggests that the networks of children and adults would be quite different (Nair & Jason, 1984).

Children's Social Support

Cochran and Brassard (1979) addressed several developmental considerations related to the evolution and utilization of support networks. They argue that the ability to engage in the exchange of goods and services, information, and emotional support in an increasingly sophisticated manner is integral to participation in social groups across the lifespan. Therefore, to fully understand the development and structure of social support, researchers must begin their investigations where the concept of exchange is first developed; the study of concrete-operational (elementary-aged) children's social support networks.

In one study investigating children's support systems, Sandler (1980) found that the effects of stress on the adjustment of elementary school children were reduced by living with two parents and older siblings. However, this study failed to provide information about the qualitative aspects of these relationships that actively mediated the stressors.

Another study of elementary school children's networks (Nair & Jason, 1984) found that the support functions of cognitive guidance,

material aid, and emotional support were provided primarily by family members, and that networks predominated by family members appeared to be the most satisfying to children. Regression analyses indicated that a heterogeneous network, containing a large number of members who provide physical assistance was predictive of adjustment in these school-aged children. Although these findings were based on a relatively small sample ($N = 38$), they provide an important basis for further exploration of children's support networks.

Rationale

While adult social support networks have been extensively studied, the networks of children have received relatively little attention from researchers. As with most socio-emotional aspects of development, it seems likely that social networks established in childhood influence later adult adjustment.

For example, research indicates that some gender-specific patterns established during childhood are maintained during adulthood. Girls report more intimacy in friendships than do boys (e.g., Hunter & Youniss, 1982). Relatedly, boys are not encouraged to engage in self-disclosure and help-seeking behaviors. In addition, boys are urged to be self-reliant and autonomous (Belle & Longfellow, 1984; Jourard, 1971), whereas females are socialized to view themselves in terms of the relationships in which they participate (e.g., Gilligan, 1982).

Parallel findings exist in the literature on adult men and women's social networks (Leavy, 1983). Overall, women have more supportive relations than men. College women report receiving more social and emotional support than college men (Hirsch, 1979). Further, middle-aged and elderly women report larger, more intimate, and more

stable network ties than same-aged men (Ingersoll & Depner, 1980). Elderly women also are more likely to have confidant relationships (Lowenthal & Haven, 1968), interactions that appear crucial for adaption in old age (Leavy, 1983).

Researchers need to understand the normative developmental patterns of social networks in order to use them competently for preventive interventions. Cross-sectional studies of the social networks of different age groups are a necessary first step toward providing this needed information.

Accordingly, this study first proposed to determine the utility of a new instrument designed to measure both quantitative and qualitative dimensions of children's social support networks. The face validity of this scale was assessed and its construct validity was investigated by analyzing its relationship to three measures of children's functioning believed to be related to social support: a competence scale, a peer sociometric, and a measure of community participation.

The second purpose of this study was to provide a description of the social networks of children in the third through sixth grades. Hypotheses regarding the interactions of type and source of support were tested, as were hypotheses regarding developmental trends and gender differences in elementary-aged children's social networks.

Method

Subjects

Children enrolled in the third, fourth, fifth, and sixth grades at two elementary schools in a midwestern city were participants in this study. Seventy-four percent ($N = 169$) of the students originally recruited were given parental consent to participate. All of the children were members of lower socioeconomic status families.

Fifty-six percent of the children were black, 39% were white, and 5% were of other racial backgrounds. Fifty-six percent of the participants were female and 44% were male.

Materials

Children's Social Support Questionnaire (CSSQ). The CSSQ (Pogatz, Chin, Sabbath, & Schwartz, 1983a) consists of 16 questions that measure four areas of social support: a) socialization (e.g. Who do you go out with?), b) advice and information (e.g. Who gives you advice and information about religious things?), c) physical assistance (e.g. Who takes you places you need to go?), and d) emotional support (e.g. Who cares about you?). (See Table 1 for definition and item content of each subtype). Each question has space for the child to list up to ten different supporters. The names of the supporters are subsequently transferred onto another page and the child then provides qualitative information about each of these supporters (i.e. relationship to the subject, amount of contact with the supporter, happiness with the relationship). Aggregate scores from these indices allow for analysis of the children's networks in terms of source of support (race, sex, and relationship of supporter), type of support received, frequency of support, and satisfaction (happiness) with the support.

The Perceived Competence Scale For Children (PCS). The PCS (Harter, 1982) is a self-report measure of children's perceptions of their competence. The scale is composed of four subscales: a) cognitive competence, emphasizing academic performance; b) social competence vis-a-vis one's peers; c) physical competence, particularly in outdoor sports and games; and d) general self-worth.

Class List Sociometric. The Class List Sociometric (e.g. Bartel,

Bartel, & Grill, 1973) consists of a typed list of all children enrolled in a particular classroom. Subjects are asked to select the three children in their class with whom they would most like to play and the three children with whom they would least like to play. The measure yields a positive nomination score and a negative nomination score.

Community Groups Checklist. The Community Groups Checklist (Rogat et al., 1983b) asks the children to list all of the social groups to which they belong. For each group that the child lists, s/he indicated whether s/he is a member or a leader in the group and how often s/he participated in the group during the last year.

Results

Analysis of the Children's Social Support Questionnaire

Thirty-three professionals-in-training completed a Q-sort of the sixteen items on the CSSQ in order to determine the face validity of the four proposed subscales: socialization, advice and information, physical assistance, and emotional support. There was high inter-rater reliability on all four subscales (range = 77.13% - 95.16%).

Four relationships were tested between specific subscales on the PCS and CSSQ. The relationship between general self-worth and satisfaction with one's support was statistically significant ($r=.14$, $p<.04$), as was the relationship between social competence and the number of supporters providing socialization ($r=.20$, $p<.01$). Cognitive competence and the number of supporters nominated on information and advice were unrelated, as were general self-worth and the size of one's overall social support network.

It was predicted that those subjects with large numbers of peer

supporters on the CSSO would receive more positive nominations on the Class List Sociometric. Although the data indicated a trend in the appropriate direction ($r=.10$, $p<.10$; $r=-.05$, $p<.26$), neither correlation coefficient reached significance.

Finally, there was a significant positive relationship between the number of supporters who provided socialization on the CSSO and the number of community groups in which a child was a member ($r=.23$, $p<.002$).

Qualitative Dimensions of Children's Social Support Networks

The analysis between type of support and source of support indicated a highly significant type-by-source interaction ($F(15,7862) = 81.03$, $p < .001$). A priori planned comparisons (t -tests) demonstrated that family supporters provided significantly more physical assistance ($p < .001$), advice and information (family/relatives vs. friends and vs. neighbors, $p < .001$; family/relative vs. professionals, $p < .10$), and emotional support ($p < .001$) than did any other support source group. Peers were nominated on the four socialization questions significantly more often than on any of the other three types of support. (Socialization vs. advice and information $t = 24.10$, $p < .001$; socialization vs. physical assistance $t = 23.26$, $p < .001$; and socialization vs. emotional support $t = 22.43$, $p < .001$). Finally, the primary type of support provided by professionals was advice and information. Comparisons between this type and the other three types of support were all highly significant ($p < .001$). See Figure 1 for a graphic display of these data.

A positive relationship between the Kin-ratio (percent family within a support system) and satisfaction with one's overall support was not found ($r = .063$, $p < .20$). Although the number of peers within

the children's networks increased across the grade-levels ($r = .18$, $p < .01$), no statistical relationship was found between peer-ratio and average happiness with one's network, within or between any of the four grade levels.

The final set of analyses investigated the amount of emotional support received as a function of gender and age. This ANOVA yielded a main effect for grade ($F(3, 4) = 3.53$, $p < .05$) and sex ($F(1, 4) = 15.09$, $p < .001$), and a significant sex-by-age interaction ($F(7, 145) = 4.95$, $p < .001$). Planned comparisons indicated that the oldest age group nominated significantly more supporters in the area of emotional support than did any of the other three age groups. Furthermore, girls had significantly more nominees in this area than did boys. Thus the difference between the sexes got larger as the children's age increased.

Discussion

The results supporting the face validity of the CSSO are encouraging, and indicate that the CSSO is measuring the four types of social support it was designed to assess. The relative lack of statistically significant relationships between the CSSO and the other measures administered in this investigation was unexpected, and may have resulted from several different factors.

For instance, only two of the correlational analyses between indices from the PCS and total amount of support on the CSSO reached marginal statistical significance. It is possible that total amount of support (a purely quantitative index) does not adequately assess the health enhancing aspects of social support that may, in fact, be qualitative. This distinction between quantity and quality of support may also explain why a significant relationship was found between

overall self-worth (on the PCS) and children's satisfaction (average happiness) with their network; the latter measure being a qualitative index of children's perceived support.

In addition, the format of the Perceived Competence Scale may have been difficult for some of the children to understand. Although systematic attempts were made to monitor the children's work in the group testing-situation, it is believed that some students never fully understood the scale. The extent of this problem, although thought to be relatively small, is ultimately unknowable.

Furthermore, the format of the CSSQ may preclude the possibility of measuring some intricate patterns of supportive relationships. In order to facilitate a more precise analysis of children's networks, a revision of the relationship categories on the CSSQ has already been instituted. The family/relative category has been expanded to include: parents, siblings, grandparents, and other relatives. This expanded category should greatly facilitate identification of the particular types of support provided by specific family members. Given that family members are the most important source of support for young children, this knowledge should substantially aid our overall understanding of these children's networks.

The lack of relationship between the CSSQ and the Class List Sociometric may have been due to discrepancies between self-report (CSSQ) and other-report (Sociometric) data. Relatedly, children may be creating overly extensive lists of "friends" on the CSSQ in order to appear more socially desirable. Furthermore, a person's close friends may not be members of their class but rather people in their neighborhood or members of the social/community organizations of which the child is a member. However, follow-up analyses indicated that

this was not the case. Finally, it is possible that the lack of relatedness between these two measures is indicative of the underlying difference between the rate of social interaction (CSSO) and social acceptance as indicated by the sociometric. Further analyses of these dimensions are necessary in order to clarify the relationship(s) between them.

Network Characteristics

Although the lack of a significant correlation between networks predominated by family members and overall satisfaction with one's network appears to contradict the results obtained by Nair and Jason (1984), the type of support provided by family/relatives parallels the results of these previous investigators. That is, family members, when compared to other sources of support, provide children with a higher percentage of cognitive guidance (advice and information), material aid (physical assistance), and emotional support.

In addition, it was found that peers were nominated significantly more often as sources of socialization than were any other supporters. Furthermore, professionals were found to provide children with significantly more information and advice than any other type of support. These results indicate that while family/relatives function as support generalists, providing many different types of support for elementary school children, peers and professionals serve a more specialized support function within these children's networks. These results are consistent with those reported by Bogat, Caldwell, Rogosch, & Kriegler (1985) in a study of college students' social support. Thus, supportive relationships with family members remain as the most important and most satisfying source of support for children from the elementary years (cf. Nair & Jason, 1984) through the

transition into late adolescence and the early college years.

Sex and age differences. There were clear gender differences found in these children's social networks. Girls nominated significantly greater numbers of supporters in the area of emotional support than did boys. These findings correspond to the differences in girls' and boys' socialization and friendship patterns. Specifically, adolescent girls tend to report more intimacy in friendships than do boys (e.g., Hunter & Youniss, 1982). Younger girls also prefer to interact in dyads rather than the larger groups boys tend to prefer, facilitating more intimate interactions (Belle & Longfellow, 1984). These results are also consistent with the findings cited on adult social networks, wherein women consistently nominate more, and are more satisfied with, intimate forms of support than are men (see Leavy, 1983, for a complete review of this area). Thus, the different types of support utilized by males and females appears to be consistent across the lifespan.

Conclusions

While some development and revision of the Children's Social Support Questionnaire is indicated, the current results demonstrate this instrument's utility as a support measure. Future investigations utilizing this instrument should include studies of the test-retest reliability and further attempts to establish the construct validity of the CSSO. The results of the current investigation suggest that a fruitful means of accomplishing this latter goal would be to carry out analyses of the relationship between the qualitative aspects of social support and other measures of children's functioning.

As demonstrated by this study, the use of the CSSO facilitates a truly multidimensional approach to the assessment of school-aged

children's social support. Thus, investigators can now begin to specify the types of support which may be predictive of adjustment in this population. In turn, these advances have clear implications for the design and implementation of future intervention and prevention programs in the area of social relations.

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Table 1

Structure of the Children's Social Support Questionnaire

- A. Socialization: Spending social time with people on a planned for and/or causal basis.
1. Who do you hang out with?
 2. Who are fun people to talk to?
 3. Who do you go out with?
 4. Who are your friends at organized activities?
- B. Advice and Information: Giving information, teaching a skill which can provide a solution to a problem or be utilized in some other manner.
5. Who gives you information or advice about religious things?
 6. Who gives you information or advice about personal things?
 7. Who teaches you how to do things?
 8. Who gives you information or advice about fun things to do?
- C. Physical Assistance: Aiding another person, helping others to do their work, helping on tasks.
9. Who can you count on to help you do things that need to get done?
 10. Who takes you places you need to go? -
 11. Who lets you borrow a little bit of money when you need it?
 12. Who lets you borrow something from them if you need it?
- D. Emotional Support: Involving caring, trust, and empathy.
13. Who listens to you when you need to talk about something personal?
 14. Who makes you feel better when you are upset?
 15. Who cares about you?
 16. Who can you really count on to always be there for you?
-

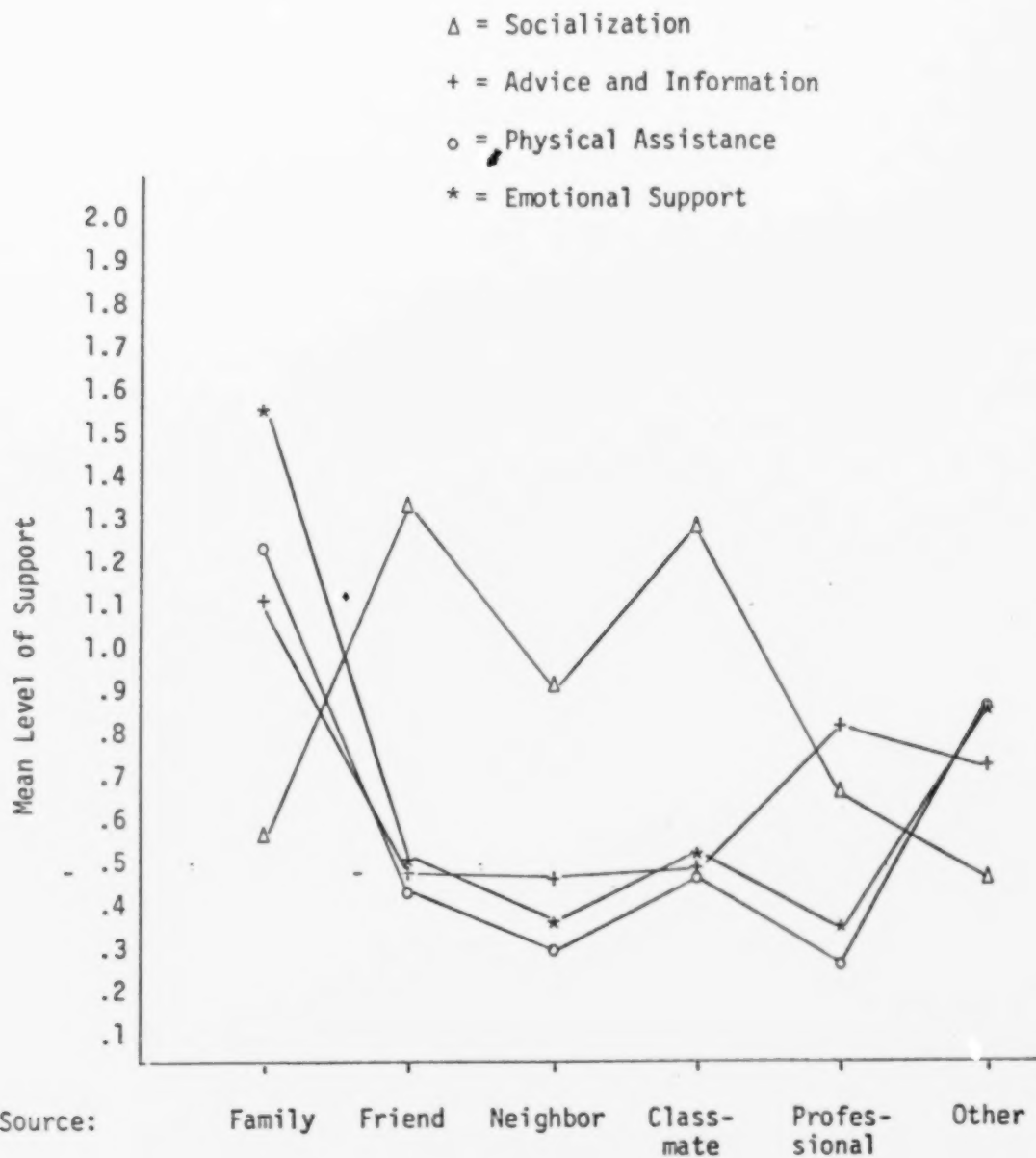


Figure 1. The interaction of type and source of social support in children's networks.

Comparison of Four Types of Support by Grade, Age, and Sex

	Socialization			Advice and Information			Physical Assistance			Emotional Support		
	N	Total Supporters	$\bar{x}$ Supporters	N	Total Supporters	$\bar{x}$ Supporters	N	Total Supporters	$\bar{x}$ Supporters	N	Total Supporters	$\bar{x}$ Supporters
<u>Grade</u>												
Σ	(156)	(2377)	(15.24)	(163)	(2101)	(12.89)	(162)	(2110)	(13.03)	(153)	(2471)	(16.15)
Third (3)	42	515	12.26	45	472	10.49	46	558	12.13	46	638	13.87
Fourth (4)	36	514	14.28	38	468	12.32	38	446	11.74	34	513	15.09
Fifth (5)	39	635	16.28	39	531	13.62	37	516	13.95	36	616	17.11
Sixth (6)	39	713	18.28	41	630	15.37	41	590	14.39	37	704	19.03
<u>Age</u>												
8	13	135	10.39	13	114	8.77	14	175	12.50	14	185	13.21
9	32	394	12.31	36	378	10.50	36	396	11.00	35	471	13.46
10	37	613	16.57	36	512	14.22	35	481	13.74	33	562	17.03
11	31	509	16.42	30	382	12.73	29	373	12.86	30	518	17.27
12	32	527	16.47	37	554	14.97	38	540	14.21	32	574	17.94
13	11	199	18.09	11	161	14.64	10	145	14.50	9	161	17.89
<u>Sex</u>												
Male/Boy (1)	71	1010	14.23	73	798	10.93	73	828	11.34	70	956	13.66
Female/Girl (2)	85	1367	16.08	90	1303	14.48	89	1282	14.40	83	1515	18.25